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Application Number	10/536,716
Filing Date	May 30, 2006
First Named Inventor	Catherine M. Verfaillie
Art Unit	1636
Examiner Name	TBD
Attorney Docket Number	890003-2003.1

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

X William O. Lehmann

Name

William O. Lehmann

Date

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 3 forms are submitted.

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